



CITY OF HOLLISTER

Finance Department

375 Fifth Street

Hollister, CA 95023

Phone: (831) 636-4301 or (831) 636-4302

Fax: (831) 636-4369

www.hollister.ca.gov

Business License Number

New _____

Renewal _____

NON-REFUNDABLE BUSINESS TAX APPLICATION

Print or type all applicable information

☐ Corporation Corporate Name: _____
☐ Sole Proprietorship ☐ Husband & Wife Sole Proprietorship ☐ Partnership ☐ Non-Profit Org. (Exempt) ☐ LLC

Business Name (doing business as) _____

Business Description (detailed summary) _____

Business Address (address, city, state, zip code) ☐ Home based business? - Home Occupation Permit required

Mailing Address if different from above (address, city, state, zip code) _____

Web Page Address _____ E-mail address _____

Opening Date _____ Business Phone _____ Fax No. _____

No. of employees _____ (SSN/FEIN) _____ Sales Tax Number _____

State Contractor's License No. & Class _____ Expiration Date _____

Owner or Officer Names(s)/Title:

Name _____ Address (City, State, Zip code) _____ Phone _____

Name _____ Address (City, State, Zip code) _____ Phone _____

NOTICE: Issuance of a business license does not allow you to engage in business where your operation would be in violation of other city ordinances. Chapter 5 of the Hollister Municipal Code provides that licenses are subject to all city regulations, including those pertaining to health and safety, use of property and zoning. You are urged to check with the appropriate city departments for further information about these regulations prior to paying your licenses.

BUSINESS TAXES PAID WILL NOT BE REFUNDED.

READ AND INITIAL _____

Planning 636-4360 Code Enforcement 636-4365 Health 636-4035 Police 636-4330 Building 636-4355 Fire 636-4325

I hereby certify under penalty of perjury that I have read the foregoing, and that the information provided is true and correct.

Applicant Signature _____ Print (Signature Name) _____ Date _____

The application fee and license fee are to be submitted with this application

For Internal use only:

Ordinance Section _____ License Type _____

Fee due \$ _____

Penalties (if applicable) \$ _____

Total Due \$ _____

Expiration Date _____

Payment Method:

☐ Check

☐ Cash

☐ Visa/MC

Processed by _____